

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. 413

1. PLACE OF BIRTH

County Graham State Arizona
District or Township Cretoria or Village Artsia
City Safford No. _____ St. _____ Ward _____

2. Full name of child Wayne B. Martin
(If birth occurred in a hospital or institution, give its NAME instead of street and number).
If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births.
4. Twin, triplet or other. _____
5. No., in order of birth. 7
6. Legitimate? yes
7. Date of birth Nov. 14, 20
Month Day Year

8. FATHER
Full name Joseph Edward Martin
9. Residence (Usual place of abode) Safford
If non-resident, give place and state. Ariz
14. MOTHER
Full maiden name Mary Ann Jenkins
15. Residence (Usual place of abode) Safford
If non-resident, give place and state. Ariz

10. Color or race white
11. Age at last birthday 30 (Years)
16. Color or race white
17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Safford
(State or country) Ariz
18. Birthplace (city or place) Safford
(State or country) Ariz

13. Occupation Road construction
Nature of Industry man
19. Occupation House wife
Nature of Industry _____

20. Number of children of this mother. 7
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living. 7
(b) Born alive but now dead. _____
(c) Stillborn _____
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 8:30 P m. on the date above stated.
(Born alive or stillborn)

Signature F. W. Butler M.D.
(Physician or midwife.)
Address Safford, Ariz

Given name added from a supplemental report _____
Month, day, year _____

Registrar. _____
Filed Jan 8 1931
Registrar. H. J. Stratton

645-1114-412